

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 25 1932

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1907

1. PLACE OF DEATH

County Newton

Registration District No. 611

Township Seneca

Primary Registration District No. 4315

City Seneca (No. 1)

File No. ....

Registered No. ....

St. .... Ward) ....

2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virgil Schmidt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 1915

7. AGE YEARS 16 MONTHS 19 DAYS 19 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca Mo

13. NAME Sidney Sparlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca Mo

15. MAIDEN NAME Nellie Peterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seneca Mo

17. INFORMANT Sidney Sparlin (ADDRESS) Seneca Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Seneca DATE Jan 10 1932

19. UNDERTAKER Wm. E. Mitchell (ADDRESS) Seneca Mo

20. FILED 1/25 1932 C. E. Morris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932 to Jan 18 1932

last saw him alive on Jan 17 1932 Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Septicemia from Pseudomonas (falling from confinement) Date of onset

Other contributory causes of importance:

1450

Name of operation

What test confirmed diagnosis? 1 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) D. B. Luecker, M. D.

(Address) Seneca Mo

